

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 762228	RECEIPT DATE:	02 / 05 / 01
IA NUMBER:	PCT/ FI99 / 00660	IA FILING DATE:	08 / 09 / 99
FAMILY NAME:	RASANEN	DELAY WAIVED (Y/N):	NY
GIVEN NAME:	JUHA	DEMAND RECEIVED (Y/N):	NY
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 10 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PM 276588	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000909	TELEPHONE 2028613000
			FAX 2028220944
NAME:	PILLSBURY WINTHROP LLP		

STREET: 1100 NEW YORK AVENUE, N.W.
9TH FLOOR

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 20005

EMAIL:

APPLICATION TITLES:

DATA TRANSMISSION A TELECOMMUNICATION SYSTEM

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

Bib Data Sheet

SERIAL NUMBER 09/762,228	FILING DATE 02/05/2001 RULE -	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. PM 276588
APPLICANTS Juha Rasanen, Espoo, FINLAND; <i>YES juha 6/25/04</i>				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FI99/00660 08/09/1999				
** FOREIGN APPLICATIONS ***** <i>YES juha 6/25/04</i> FINLAND 981723 08/10/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/06/2001 -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>juha</i> Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY FINLAND	SHEETS DRAWING 2	TOTAL CLAIMS 15 INDEPENDENT CLAIMS 2
ADDRESS 00909				
TITLE Data transmission in a telecommunication system				
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	